

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**09/868107**

FILED DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/										
2		/		/			51						
3		2		/			52						
4	/		/				53						
5		/		/			54						
6		2		/			55						
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45							94						
46							95						
47							96						
48							97						
49							98						
50							99						
TOTAL IND.	3		3				TOTAL IND.						
TOTAL DEP.	7	↓	5	↓			TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	10		8				TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

**BEST AVAILABLE COPY**